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Attorney Docket No.: 4100-280

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UTILITY PATENT APPLICATION TRANSMITTAL

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(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))



Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Dated: December 20, 2001

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventors: Josef SCHNEIDER, Alfons SCHUSTER, Michael SCHÖNERT, and
Rainer STAMME

For: Creating A Mask For Producing A Printing Plate

Enclosed are:

1. Transmittal letter (2x) with Fee Computation Sheet
2. General Authorization For Payment of Fees (2x)
3. Title Page, Specification, Claims 1 to 16 & Abstract (22 pages [total number of pages of application])
4. Unexecuted Declaration and Power of Attorney (3 p.)
5. Five (5) sheets of drawings (Figs. 1 to 14)
6. Check for \$740.00 for filing fee
7. Assignee Information: **MAN Roland Druckmaschinen AG**
8. Letter Transmitting Priority document
9. Certified copy of priority document No. 100 63 819.8
10. Return Receipt Postcard

☐ Please charge my Deposit Account No. 03-2412 in the amount of \$_. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.

☒ Any additional filing fees required under 37 CFR 1.16.


☒ Any patent application processing fees under 37 CFR 1.17

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- [x] The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- [x] Any filing fees under 37 CFR 1.16 for presentation of extra claims.

[x] Priority is claimed for this invention and application, corresponding applications having been filed in **Germany** on **December 21, 2000**, No. **100 63 819.8**.

Respectfully submitted,
COHEN, PONTANI, LIEBERMAN & PAVANE

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FILING FEE COMPUTATION SHEET

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In re Application of: Josef SCHNEIDER et al.
For: Creating A Mask For Producing A Printing Plate

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY	OTHER THAN SMALL ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$370	\$740
TOTAL CLAIMS	16 - 20 =	0	x 9 = \$	x 18 = \$ -0-
INDEPENDENT CLAIMS	1 - 3 =	0	x 42 = \$	X 84 = \$ -0-
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$140 = \$	+ 280 \$ -0-
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL: \$	\$740

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